

Patricia Booker

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>10/587756</i>	FILING DATE
						APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
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42	/					
43	/					
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46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.	<i>13</i>					
TOTAL DEP.	<i>73</i>					
TOTAL CLAIMS	<i>86</i>					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			<i>B</i>			
52			<i>B</i>			
53			<i>B</i>			
54			<i>B</i>			
55			<i>B</i>			
56			<i>B</i>			
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77						
78			<i>B</i>			
79			<i>B</i>			
80						
81						
82						
83			<i>B</i>			
84			<i>B</i>			
85			<i>B</i>			
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						